



## Buncombe County Health & Human Services

Aging and Veteran's Services ~ Social Work Services  
Public Assistance & Work Support Strategies ~ Public Health  
Amanda Stone, MSW  
Health and Human Services Director

**To:** Buncombe County Medical Providers  
**From:** Dr. Jennifer Mullendore, Medical Director  
**Date:** Tuesday, October 14, 2014  
**RE:** Health alert from the Buncombe County Department of Health

### Updates on Flu, EV-D68 and Pertussis

Although Ebola is on everyone's mind, I wanted to update you on current recommendations and surveillance regarding some respiratory illnesses that we are seeing or expect to be seeing soon in our community.

#### 1. Influenza

- **NC flu activity**
  - Influenza activity in NC is at expected levels (minimal activity with only sporadic cases across the state) for this time of year.
  - **NC had its first flu death of the 2014-15 season** last week when an elementary school-aged child from the Triangle died of complications of the flu.
    - The child did have underlying medical conditions.
- **Influenza immunization – general info**
  - Encourage all your patients, co-workers, family and friends who are 6 months of age or older to get vaccinated against the flu.
  - Like the 2013-14 vaccine, all of the 2014-2015 influenza vaccine is made to protect against the following three viruses:
    - an A/California/7/2009 (H1N1)pdm09-like virus,
    - an A/Texas/50/2012 (H3N2)-like virus,
    - a B/Massachusetts/2/2012-like virus.
  - The majority of flu vaccine available in the US this season is trivalent, meaning that it protects against these 3 viruses.
    - Some of the 2014-2015 flu vaccine (the quadrivalent vaccine) also protects against an additional B virus (B/Brisbane/60/2008-like virus).
- **Some new recommendations for this flu season from the Advisory Committee on Immunization Practices (ACIP):**

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- **Use the nasal spray vaccine (Live Attenuated Influenza Vaccine; LAIV) for children 2 through 8 years of age who do not have an underlying medical condition that predisposes them to flu complications, when the LAIV is immediately available and if the child has no contraindications or precautions to that vaccine.**
  - Recent studies suggest that the nasal spray flu vaccine may work better than the flu shot in younger children.
  - **However, if the nasal spray vaccine is not immediately available and the flu shot is, children 2 years through 8 years old should get the flu shot.**
    - Don't delay vaccination to find the nasal spray flu vaccine.
  - The LAIV should **not** be given to children **aged 2 - 4 years who have asthma or who have had a wheezing episode** noted in the medical record **within the past 12 months**, or for whom parents report that a health care provider stated that they had wheezing or asthma within the last 12 months. Give the flu shot to these children.
- **Children aged 6 months through 8 years require 2 doses of influenza vaccine (administered  $\geq 4$  weeks apart) during their first season of vaccination to optimize immune response.**
  - **Because the strains contained in this season's flu vaccines are identical to those contained in last season's vaccines, only 1 dose is required for any child aged 6 months through 8 years who previously received  $\geq 1$  dose of 2013–14 seasonal influenza vaccine.**
  - Two approaches are recommended for determination of the necessary doses for the 2014–15 season for children of these ages; both are acceptable. See figure at [this](#) link for details.
- **Influenza resources for health professionals**
  - Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) — United States, 2014–15 Influenza Season  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6332a3.htm>
  - CDC's Influenza website for Health Professionals  
<http://www.cdc.gov/flu/professionals/index.htm>

## 2. EV-D68

- Almost all of the confirmed cases of EV-D68 infection in the US this year continue to be among children. Many of these children had asthma or a history of wheezing.
  - **We were notified this week of a confirmed case of EV-D68 in a 9 month old Buncombe County child who was hospitalized at the end of September.**
- EV-D68 has been detected in specimens from 5 patients who died in the US and had samples submitted to the CDC for testing.

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- Medical providers should:
  - Consider EV-D68 as a possible cause of acute, unexplained severe respiratory illness, even if the patient does not have fever.
  - Report suspected clusters of severe respiratory illness to local and state health departments.
  - **Consider laboratory testing of respiratory specimens for enteroviruses when the cause of respiratory illness in severely ill patients is unclear.**
    - EV-D68 testing remains available through the CDC as before.
    - You must contact your local health department before sending specimens for testing.
  - follow standard, contact, and droplet infection control measures

### 3. Pertussis

- We continue to see pertussis in our community.
  - Buncombe County has had 37 confirmed cases as of the end of Sept. 2014 (compared to 19 cases in all of 2013)
- Please **encourage Tdap vaccination** for all of your patients, especially pregnant women, children and their caregivers.
- **If you suspect pertussis, please remember to test, treat, exclude from work/school/extracurriculars, and report the suspected case to your local health department.**

Please refer to my prior email alerts for further details on EV-D68 and pertussis. My provider alerts can be found at <http://www.buncombecounty.org/Governing/Depts/Health/HealthProviders.aspx>.

**Please contact your local health department's Disease Control staff (250-5109 for Buncombe County) if you have any questions regarding these infections or other communicable disease concerns.**

Thanks,

Jenni

Jennifer Mullendore, MD, MSPH

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**"Health care is vital to all of us some of the time, but public health is vital to all of us all of the time." -- Dr. C. Everett Koop, former US Surgeon General**

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